

GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 09R-206

BRIEF TITLE

APPROVED DEADLINE

REASON

Youth Services Center Agreement

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Agreement between the City of Lincoln on behalf of the Lincoln-Lancaster County Health Department and Lancaster County on behalf of the Youth Services Center for the Health Department to provide medical services to the Youth Services Center for July 1, 2009 to June 30, 2010.</p>	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<p><input type="checkbox"/> For <input type="checkbox"/> Against</p> <p>Reason Against</p>
	Board or Commission Recommendation	<p>BY</p> <p><input type="checkbox"/> For <input type="checkbox"/> Against</p> <p><input type="checkbox"/> No Action Taken</p> <p><input type="checkbox"/> For with revisions or conditions (See Details column for conditions)</p>
	CITY COUNCIL ACTIONS (For Council Use Only)	<p><input type="checkbox"/> Pass</p> <p><input type="checkbox"/> Pass (As Amended)</p> <p><input type="checkbox"/> Council Sub.</p> <p><input type="checkbox"/> Without Recommendation</p> <p><input type="checkbox"/> Hold</p> <p><input type="checkbox"/> Do not Pass</p>

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>	
	OPERATIONAL IMPACT ASSESSMENT	<hr/> <hr/> <hr/>	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/Resolution \$	
		RELATED annual operating Costs \$	
		INCREASE REVENUE EXPECTED/YEAR \$	
	SOURCE OF FUNDS	CITY [Approximately] <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ %	
NON CITY [Approximately] <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ %			
BENEFIT COST			
<input type="checkbox"/> Front Foot Average Assessment			
<input type="checkbox"/> Square Foot \$ _____ \$ _____			

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bruce D. Dart, Ph.D., Health Director

REVIEW BY:

REFERENCE NUMBER